Background:

Knowledge of health risks associated to transport (air pollution, noise, injuries and physical inactivity) indicates that substantial health co-benefits are expected from low-carbon transport policies.

There is dearth of comparative analyses of health co-benefits from policies currently prescribed to reduce climate change in transport.

This limits policy makers' ability to chose among options benefiting health most, and of research bodies to extend knowledge in this domain.

Methods

WHO reviewed evidence on health impacts of recommendations on climate change mitigation for transport in the IPCC .Fourth Assessment Report, including:

- modified vehicles and fuels;
- land use factors;
- non-motorized transport or public transport.

Health impacts from those policies were classified as negative, insignificant or positive. The strength of evidence used in this analysis was judged as weak, strong or no evidence.

Results

When health is considered, the best transport interventions reviewed by the IPCC are travel mode shifts. This differs from the present emphasis on technological improvements in vehicles and fuels provided in the IPCC report.

There is also emerging evidence on how transport policies improve physical activity and related health outcomes:

- Active travel policies were associated with increased physical activity, reduced obesity and BMI.
- Public transport was associated with increased physical activity, less obesity and lower risk of road traffic injury.
- Increased car use was associated with less physical activity and more obesity.

Discussion

There is emerging research into the health impacts of actual transport interventions. Results from these studies allow health actors to advise on which transport policy options (among those being considered by panels such as the IPCC) are best for health. A new research agenda is proposed, directed at assessing the health performance of interventions in transport to mitigate climate change.